

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL IOWA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1111 9TH STREET, SUITE 100 City or town, state or province, country, and ZIP or foreign postal code DES MOINES, IA 50314-2500 F Name and address of principal officer: ELISABETH BUCK 1111 NINTH STREET, SUITE 100, DES MOINES, IA	D Employer identification number 42-0680425 E Telephone number (515) 246-6500 G Gross receipts \$ 30,705,199. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYDM.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1918 M State of legal domicile: IA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: IMPROVE LIVES BY UNITING THE CARING POWER OF COMMUNITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	30
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	83
	6	Total number of volunteers (estimate if necessary)	6	20820
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	29,295,693.	29,276,292.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	418,597.	430,352.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,692.	210,502.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-67,017.	-125,143.
			29,799,965.	29,792,003.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,020,927.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,269,545.	5,556,478.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,715,501.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,022,623.	3,269,121.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,313,095.	30,010,697.
	19	Revenue less expenses. Subtract line 18 from line 12	486,870.	-218,694.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	37,981,795.	38,488,239.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,307,417.	3,610,675.
		34,674,378.	34,877,564.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SARAH ROY, CHIEF OPERATING OFFICER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name BRENT L. ALEXANDER, CPA	Preparer's signature BRENT L. ALEXANDER,	Date 02/13/20	Check if self-employed <input type="checkbox"/>	PTIN P00075113
	Firm's name ▶ BERGANKDV, LTD.	Firm's EIN ▶ 41-1431613			
	Firm's address ▶ 12100 MEREDITH DR, SUITE 200 URBANDALE, IA 50323		Phone no. 515-727-5700		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO IMPROVE LIVES BY UNITING THE CARING POWER OF OUR COMMUNITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,631,594. including grants of \$ 6,631,594.) (Revenue \$) COMMUNITY INVESTMENTS-EDUCATION: UNITED WAY GRANTS IMPROVE THE QUALITY OF EARLY LEARNING CENTERS AND HOME CARE PROVIDERS IN CENTRAL IOWA'S LOWEST-INCOME NEIGHBORHOODS; ENSURE CHILDREN READ AT GRADE LEVEL; PROVIDE QUALITY IN- AND AFTER-SCHOOL PROGRAMS; AND ENSURE MORE YOUTH GRADUATE FROM HIGH SCHOOL ON TIME. 2019 ACCOMPLISHMENTS INCLUDE: * OVER 1,100 STUDENTS AT 20 CENTRAL IOWA SCHOOLS RECEIVED GLASSES TO HELP THEM READ THROUGH VISION TO LEARN THIS SCHOOL YEAR; * MORE THAN 55,000 BOOKS WERE GIVEN TO CHILDREN THROUGH UNITED WAY-FUNDED PROGRAMS. * 40,161 YOUTH PARTICIPATED IN UNITED WAY-FUNDED SCHOOL AND/OR OUT-OF-SCHOOL PROGRAMS; AND * 828 VOLUNTEERS MENTORS READ WITH OVER 1,000 CHILDREN THROUGH UNITED

4b (Code:) (Expenses \$ 5,377,041. including grants of \$ 5,377,041.) (Revenue \$) COMMUNITY INVESTMENTS - INCOME: UNITED WAY GRANTS HELP LOWER-INCOME CENTRAL IOWANS PREPARE FOR AND SECURE BETTER JOBS, LEARN TO MANAGE THEIR MONEY, FIND SAFE AND AFFORDABLE HOUSING, OBTAIN FREE TAX PREPARATION AND LEGAL SERVICES, AND SUSTAIN A COMMUNITY-WIDE SAFETY NET OF EMERGENCY FOOD AND SHELTER. 2019 ACCOMPLISHMENTS INCLUDE: * 614 ADULTS ACHIEVED A 45% INCOME INCREASE WITHIN 18 MONTHS OF RECEIVING THEIR HIGH SCHOOL EQUIVALENCY DIPLOMA THROUGH UNITED WAY'S BRIDGES TO SUCCESS INITIATIVE. * 4,662 TAX RETURNS FOR LOW-INCOME CENTRAL IOWANS WERE COMPLETED FREE OF CHARGE BY UNITED WAY VOLUNTEERS, RETURNING \$8.1 MILLION TO THE COMMUNITY. * 500 INDIVIDUALS ARE RECEIVING TRAINING OR EDUCATION FOR HEALTH CARE

4c (Code:) (Expenses \$ 3,906,068. including grants of \$ 3,906,068.) (Revenue \$) COMMUNITY INVESTMENTS - HEALTH: UNITED WAY GRANTS HELP PEOPLE GAIN ACCESS TO AFFORDABLE HEALTH CARE (INCLUDING MENTAL HEALTH), LIVE IN SAFE ENVIRONMENTS, AND IMPROVE THEIR WELLNESS THROUGH HEALTHY EATING AND HEALTHY LIFESTYLES. 2019 ACCOMPLISHMENTS INCLUDE: * OVER 173,000 CHILDREN IN CENTRAL IOWA DEMONSTRATED HEALTHY HABITS THROUGH UNITED WAY'S 5-2-1-0 INITIATIVE. * 30,000 LBS OF FRESH PRODUCE WERE GROWN IN COMMUNITY AND CORPORATE GIVING GARDENS SUPPORTED BY UNITED WAY, FEEDING 12,000 CENTRAL IOWANS. * UNITED WAY AND IOWA ACES 360 COALITION SUCCESSFULLY ADVOCATED FOR LEGISLATION REQUIRING ALL SCHOOL EMPLOYEES TO BE TRAINED ANNUALLY ON ADVERSE CHILDHOOD EXPERIENCES, TOXIC STRESS, AND SUICIDE PREVENTION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 10,521,493. including grants of \$ 5,270,395.) (Revenue \$ 269,511.)

4e Total program service expenses 26,436,196.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		83
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (30), 1b (30), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SARAH ROY, CHIEF OPERATING OFFICER - 515-246-6500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANKLIN CODEL DIRECTOR	1.00	X					0.	0.	0.	
(2) BRENDA CUSHING DIRECTOR	1.00	X					0.	0.	0.	
(3) NORA EVERETT CHAIR - ELECT	1.00	X		X			0.	0.	0.	
(4) MARTA CODINA VICE CHAIR-VOLUNTEER ENGAGEMENT	1.00	X					0.	0.	0.	
(5) PETER DILIBERTI DIRECTOR	1.00	X					0.	0.	0.	
(6) MONICA FRIEDMAN DIRECTOR	1.00	X					0.	0.	0.	
(7) LYNN GRAVES VICE CHAIR-EDUCATION	1.00	X					0.	0.	0.	
(8) GEORGIA VAN GUNDY VICE CHAIR-ADVOCATE	1.00	X					0.	0.	0.	
(9) MATT HANEY DIRECTOR	1.00	X					0.	0.	0.	
(10) MARIA VOLANTE VICE CHAIR-STRATEGIC COMMUNICATIONS	1.00	X					0.	0.	0.	
(11) TESSIE JOHNSON VICE CHAIR-FINANCE/AUDIT	1.00	X		X			0.	0.	0.	
(12) CHRIS JONES DIRECTOR	1.00	X					0.	0.	0.	
(13) ED KENNY DIRECTOR	1.00	X					0.	0.	0.	
(14) TODD MILLANG DIRECTOR	1.00	X					0.	0.	0.	
(15) THOMAS AHART DIRECTOR	1.00	X					0.	0.	0.	
(16) TOM MAHONEY BOARD CHAIR	1.00	X		X			0.	0.	0.	
(17) CHRISTINE HOLMES DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GERRY NEUGENT VICE CHAIR-GIVE	1.00	X						0.	0.	0.
(19) SEAN PELLETIER VICE CHAIR-INCOME	1.00	X						0.	0.	0.
(20) STEVE LACY DIRECTOR	1.00	X						0.	0.	0.
(21) JOYCE PINGEL WLC-REPRESENTATIVE	1.00	X						0.	0.	0.
(22) DREW PORTER DIRECTOR	1.00	X						0.	0.	0.
(23) DR. ANGELA FRANKLIN VICE CHAIR-HEALTH	1.00	X						0.	0.	0.
(24) BOB RITZ DIRECTOR	1.00	X						0.	0.	0.
(25) DON COFFIN DIRECTOR	1.00	X						0.	0.	0.
(26) CHARLIE WISHMAN AT LARGE-LABOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								823,449.	0.	44,022.
d Total (add lines 1b and 1c)								823,449.	0.	44,022.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNITED WAY WORLDWIDE PO BOX 418607, BALTIMORE, MD 02241	MEMBERSHIP PAYMENT	491,861.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GRANT KVALHEIM DIRECTOR	1.00	X						0.	0.	0.
(28) TIM MCCULLOH DIRECTOR	1.00	X						0.	0.	0.
(29) DAN PITCHER DIRECTOR	1.00	X						0.	0.	0.
(30) BOB WEISS DIRECTOR	1.00	X						0.	0.	0.
(31) SARAH ROY CHIEF OPERATING OFFICER	40.00			X				190,007.	0.	17,227.
(32) ELISABETH BUCK PRESIDENT/CORP. SECRETARY	40.00			X				226,983.	0.	1,010.
(33) ANDY TEBOCKHORST CHIEF STRATEGIC COMMUNICATIONS OFFICER	40.00					X		140,957.	0.	6,291.
(34) MELANIE CAMPBELL CHIEF DONOR ENGAGEMENT OFFICER	40.00					X		128,300.	0.	18,850.
(35) RENEE MILLER CHIEF COMMUNITY IMPACT OFFICER	40.00					X		137,202.	0.	644.
Total to Part VII, Section A, line 1c								823,449.		44,022.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,094,520.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,181,772.				
	g Noncash contributions included in lines 1a-1f: \$		641,743.				
	h Total. Add lines 1a-1f		29,276,292.				
Program Service Revenue	2 a SERVICE FEES	Business Code 812900	280,487.	280,487.			
	b OTHER REVENUE	900099	149,865.	149,865.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		430,352.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		210,502.			210,502.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	749,668.				
		(ii) Personal					
		b Less: rental expenses	910,509.				
		c Rental income or (loss)	-160,841.				
	d Net rental income or (loss)		-160,841.	-160,841.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a	38,385.					
	b Less: direct expenses	b	2,687.				
	c Net income or (loss) from gaming activities		35,698.			35,698.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			29,792,003.	269,511.	0.	246,200.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,464,868.	20,464,868.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	720,230.	720,230.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	443,607.	87,815.	313,604.	42,188.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,152,849.	2,401,411.	764,215.	987,223.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	960,022.	502,019.	218,436.	239,567.
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	1,568.	275.	1,293.	
c Accounting	69,570.	17,050.	52,520.	
d Lobbying	9,000.	9,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,171,376.	1,023,109.	132,155.	16,112.
12 Advertising and promotion	243,129.	124,633.	37,243.	81,253.
13 Office expenses				
14 Information technology	323,025.	237,183.	59,120.	26,722.
15 Royalties				
16 Occupancy	200,432.	98,297.	67,370.	34,765.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	310,948.	208,368.	38,780.	63,800.
20 Interest				
21 Payments to affiliates	290,482.	124,908.	92,955.	72,619.
22 Depreciation, depletion, and amortization	118,046.	64,471.	30,874.	22,701.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>SUPPLIES, POSTAGE, AND</u>	273,325.	201,804.	46,860.	24,661.
b <u>ORGANIZATION DUES</u>	258,220.	150,755.	3,575.	103,890.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	30,010,697.	26,436,196.	1,859,000.	1,715,501.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	96,745.	1	222,609.
	2 Savings and temporary cash investments	7,137,617.	2	6,356,286.
	3 Pledges and grants receivable, net	10,721,164.	3	8,925,436.
	4 Accounts receivable, net	51,843.	4	313,638.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	237,156.	9	297,016.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,157,754.		
	b Less: accumulated depreciation	10b 6,428,180.	2,430,032.	10c 2,729,574.
	11 Investments - publicly traded securities	5,575,814.	11	7,490,839.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,731,424.	15	12,152,841.
16 Total assets. Add lines 1 through 15 (must equal line 34)	37,981,795.	16	38,488,239.	
Liabilities	17 Accounts payable and accrued expenses	1,328,136.	17	1,321,057.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,979,281.	25	2,289,618.
	26 Total liabilities. Add lines 17 through 25	3,307,417.	26	3,610,675.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,879,909.	27	23,778,521.
	28 Temporarily restricted net assets	9,411,256.	28	7,552,018.
	29 Permanently restricted net assets	3,383,213.	29	3,547,025.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	34,674,378.	33	34,877,564.	
34 Total liabilities and net assets/fund balances	37,981,795.	34	38,488,239.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,792,003.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,010,697.
3	Revenue less expenses. Subtract line 2 from line 1	3	-218,694.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,674,378.
5	Net unrealized gains (losses) on investments	5	164,574.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	257,306.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	34,877,564.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **UNITED WAY OF CENTRAL IOWA** Employer identification number **42-0680425**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	28908489.	29591561.	27528063.	29295693.	29276292.	144600098
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28908489.	29591561.	27528063.	29295693.	29276292.	144600098
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14715468.
6 Public support. Subtract line 5 from line 4.						129884630

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	28908489.	29591561.	27528063.	29295693.	29276292.	144600098
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	729,753.	763,977.	784,767.	833,911.	960,170.	4072578.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	76,754.	72,769.	31,812.	55,896.	38,385.	275,616.
11 Total support. Add lines 7 through 10						148948292
12 Gross receipts from related activities, etc. (see instructions)					12	2,179,938.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	87.20 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	87.35 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GAMING REVENUE-RAFFLES

Multiple horizontal lines for providing detailed explanation for other income.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization UNITED WAY OF CENTRAL IOWA	Employer identification number 42-0680425
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	29,510.													
c	Total lobbying expenditures (add lines 1a and 1b)	29,510.													
d	Other exempt purpose expenditures	29,983,874.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	30,013,384.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	15,016.	32,134.	35,684.	29,510.	112,344.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL IOWA Employer identification number 42-0680425

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, lines 2a-2d for qualified contributions, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,731,424.	11,040,937.	9,701,990.	9,937,369.	8,802,801.
b Contributions	164,112.	56,751.	357,835.	113,780.	1,064,322.
c Net investment earnings, gains, and losses	451,274.	871,507.	1,186,694.	-108,162.	217,092.
d Grants or scholarships					
e Other expenditures for facilities and programs	193,969.	237,771.	205,582.	240,997.	146,846.
f Administrative expenses					
g End of year balance	12,152,841.	11,731,424.	11,040,937.	9,701,990.	9,937,369.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 68.81 %
 - b Permanent endowment 29.19 %
 - c Temporarily restricted endowment 2.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		98,275.		98,275.
b Buildings		7,720,129.	5,608,559.	2,111,570.
c Leasehold improvements				
d Equipment		1,339,350.	819,621.	519,729.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,729,574.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN COMMUNITY FOUNDATION FUND	12,152,841.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	12,152,841.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED REVENUE	198,203.
(3) EMPOWERMENT REFUNDABLE ADVANCES	219,882.
(4) COMMUNITY INVESTMENTS AND DONOR	
(5) CHO	1,871,533.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,289,618.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	24,158,480.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	164,574.
b	Donated services and use of facilities	2b	22,961.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	257,305.
e	Add lines 2a through 2d	2e	444,840.
3	Subtract line 2e from line 1	3	23,713,640.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,078,363.
c	Add lines 4a and 4b	4c	6,078,363.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	29,792,003.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	23,955,294.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	22,961.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,687.
e	Add lines 2a through 2d	2e	25,648.
3	Subtract line 2e from line 1	3	23,929,646.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	6,081,051.
c	Add lines 4a and 4b	4c	6,081,051.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	30,010,697.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

UNITED WAY OF CENTRAL IOWA HAS ADOPTED A DISTRIBUTION AND SPENDING POLICY TO ENSURE ADHERENCE TO DONOR RESTRICTIONS AND TO ALLOW USE OF A PORTION OF THE ENDOWMENT AS A FUNDING SOURCE TOWARD MAKING AND ADMINISTERING COMMUNITY INVESTMENTS IN EDUCATION, INCOME, AND HEALTH.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTEREST 257,305.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAMBLING ACTIVITIES - DIRECT EXPENSES -2,687.

DONOR CHOICE DESIG. RECOGNIZED AS A REDUCTION OF GROSS REV.

Part XIII Supplemental Information (continued)

ON FIN. STMTS. 6,081,050.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 6,078,363.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAMBLING ACTIVITIES - DIRECT EXPENSES 2,687.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR CHOICE DESIG. RECOGNIZED AS A REDUCTION OF GROSS REV.

ON FIN. STMTS. 6,081,050.

ROUNDING 1.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 6,081,051.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL IOWA

Employer identification number

42-0680425

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			38,385.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			2,687.	2,687.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				2,687.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				35,698.	

9 Enter the state(s) in which the organization conducts gaming activities: IA

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|------------|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SARAH ROY

Address ▶ 1111 9TH ST SUITE 100 - DES MOINES, IA 50314

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:
- Name ▶ _____
- Gaming manager compensation ▶ \$ _____
- Description of services provided ▶ _____
- _____
- Director/officer Employee Independent contractor

- 17 Mandatory distributions:
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF CENTRAL IOWA** Employer identification number **42-0680425**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ART FORCE IOWA 600 HOLCOMB AVE #3 DES MOINES, IA 50313	80-0865313	501(C) 3	71,500.	0.			CREATIVE PATHWAYS, STREET CRED, DSM HEROES
BIDWELL RIVERSIDE CHILD CARE CENTER - 1203 HARTFORD AVE. - DES MOINES, IA 50315-1450	42-0680259	501(C) 3	56,093.	0.			EARLY LEARNING CENTER DIRECTOR SUPPORT, QUALITY RATE SYSTEM
BIG BROTHERS BIG SISTERS OF CENTRAL IOWA - 9051 SWANSON BLVD. - CLIVE, IA 50325-6913	42-1184999	501(C) 3	280,000.	0.			COMMUNITY-BASED MENTORING
BOY SCOUTS OF AMERICA MID IOWA COUN - 6123 SCOUT TRAIL - DES MOINES, IA 50321	42-0981715	501(C) 3	72,000.	0.			AFTER-SCHOOL SCOUTING
BOYS AND GIRLS CLUB OF CENTRAL IOWA - 1421 WALKER STREET - DES MOINES, IA 50316	42-6075138	501(C) 3	345,000.	0.			BGCCI YOUTH DEVELOPMENT PROGRAMS, MCCOMBS EXTENSION CLUB, HIATT PROGRAMMING
BY DEGREES FOUNDATON 2507 UNIVERSITY AVE DES MOINES, IA 50311	42-1338832	501(C) 3	35,000.	0.			DREAMER ACADEMY AT FINDLEY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **77.**

3 Enter total number of other organizations listed in the line 1 table **3.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE USA 5615 HICKMAN RD. DES MOINES, IA 50310-1157	42-0680459	501(C) 3	267,000.	0.			CAMP FIRE YOUTH DEVELOPMENT PROGRAMS, COMMUNITY CENTER PROGRAMS, NAVIGATOR
CAPITOL PARK EARLY LEARNING CENTER 800 E. 12TH ST. DES MOINES, IA 50316-4304	42-0941187	501(C) 3	81,119.	0.			CAP PARK EARLY LEARNING DIRECTOR SUPPORT, CAP PARK EC QUALITY ASSURANCE COORD, CAP PARK SHARED
CATHOLIC CHARITIES 601 GRAND AVE. DES MOINES, IA 50309-2501	42-0680464	501(C) 3	129,384.	0.			CATHOLIC CHARITIES COUNSELING PROGRAM, REFUGEE COOPERATIVE PROGRAM, AND ST. JOSEPH'S
CENTRAL IOWA HOSPITAL CORPORATON UNITYPOINT 1200 PLEASANT STREET - DES MOINES, IA 50309	42-0680452	501(C) 3	25,000.	0.			5210 LETS GO
CENTRAL IOWA SHELTER & SERVICES 1420 MULBERRY ST DES MOINES, IA 50309	42-1394212	501(C) 3	114,001.	0.			CISS COMMUNITY KITCHEN, JOB TRAINING PROGRAM, AND SHELTER PROGRAM.
CHILD ABUSE PREVENTION COUNCIL OF WARREN COUNTY - PO BOX 417 - INDIANOLA, IA 50125	42-1330147	501(C) 3	35,000.	0.			WEE CARE RESPITE NURSERY
CHILDREN & FAMILY URBAN MOVEMENT PO BOX 41125 DES MOINES, IA 50311-0125	42-1396833	501(C) 3	225,000.	0.			LITERACY FOR LIFE, BACKYARD BOYZ, WHYLD GIRLS
CHILDREN AND FAMILIES OF IOWA 1111 UNIVERSITY AVE. DES MOINES, IA 50314-2329	42-0680416	501(C) 3	611,841.	0.			COUNSELING SERVICES, QUALITY EARLY LEARNING CENTER & THERAPEUTIC SUPPORT, TEDDY BEAR
CHILDSERVE INC 5406 MERLE HAY RD JOHNSTON, IA 50131	42-1157665	501(C) 3	209,000.	0.			OUTPATIENT THERAPY PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF WEST DES MOINES 250 GEORGE M MILLS CIVIC PKWY WEST DES MOINES, IA 50265	42-6005359		75,000.	0.			WDM YJI SERVICE DELIVERY SYSTEM, WEST DES MOINES YOUTH JUSTICE INITIATIVE
COMMUNITY FOUNDATION GREATER DES MOINES - 1915 GRAND AVE - DES MOINES, IA 50309	42-6139033	501(C) 3	76,500.	0.			TRANSPORTATION GAP ANALYSIS; EVELYN K. DAVIS PARK
COMMUNITY YOUTH CONCEPTS 1446 MARTIN LUTHER KING JR PKWY DES MOINES, IA 50314	26-2996028	501(C) 3	36,752.	0.			TEEN OUTREACH PROGRAM
COURAGE LEAGUE SPORTS 4405 121ST ST URBANDALE, IA 50323-2313	46-1443733	501(C) 3	80,000.	0.			COURAGE LEAGUE WELLNESS PROGRAM
DALLAS COUNTY AGRICULTURE EXTENSION - 28059 FAIRGROUND RD - ADEL, IA 50003	42-6021414		90,000.	0.			DALLAS & WARREN COUNTY REACH FOR THE STARS
DALLAS COUNTY HEALTH DEPARTMENT 25747 N AVE SUITE C ADEL, IA 50003	42-6004172		84,000.	0.			HEALTH NAVIGATION PROJECT
DENTAL CONNECTIONS 1111 NINTH ST. STE. 190 DES MOINES, IA 50314-2517	42-0680421	501(C) 3	674,127.	0.			DENTAL CLINIC, LITTLE HEALTHY SMILES, SCHOOL SMILES, SMILE SQUAD
DES MOINES AREA RELIGIOUS COUNCIL 1435 MULBERRY STREET DES MOINES, IA 50309-3624	42-0788211	501(C) 3	157,328.	0.			DMARC - FOOD PANTRY
DES MOINES INDEPENDENT SCHOOL DISTR - 2323 GRAND AVE - DES MOINES, IA 50312	42-6001433		1,029,507.	0.			COMMUNITY SCHOOLS & FAMILY SUPPORT SERVICES, COMMUNITY SUPPORT LIAISONS, KEYS TO

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES UNIVERSITY 3200 GRAND AVE DES MOINES, IA 50312	42-0730347	501(C) 3	15,000.	0.			HUNGER FREE POLK COUNTY
DMACC ANKENY 2006 S ANKENY BLVD ANKENY, IA 50023-6446	42-0926354		689,612.	0.			ADULT BASIC EDUCATION AND TRAINING, MANUP IOWA MENTORING
EAST SIDE COMMUNITY DEVELOPMENT PO BOX 258 DES MOINES, IA 50301	42-1519729	501(C) 3	6,500.	0.			SUMMER PROGRAM
EAT GREATER DES MOINES 2704 FLUER DRIVE, SUITE 201 DES MOINES, IA 50321	47-2914255	501(C) 3	104,600.	0.			FOOD SYSTEMS COORDINATOR, HEALTHY FOOD RESCUE
EMBARC 2309 EUCLID AVE DES MOINES, IA 50310	46-1017191	501(C) 3	117,500.	0.			JOB NAVIGATORS, HEALTH NAVIGATION PROJECT
EVERYBODY WINS-IOWA P.O. BOX 691 DES MOINES, IA 50303-0691	81-0618641	501(C) 3	70,000.	0.			POWER READ
EVERYSTEP 1111 9TH ST. STE. 320 DES MOINES, IA 50314	42-0680446	501(C) 3	945,065.	0.			5-2-1-0 LET'S GO, COMMUNITY HOME VISITING, CHILD CARE NURSE CONSULTANTS, LITERACY
FOOD BANK OF IA PO BOX 1517 DES MOINES, IA 50305	42-1177880	501(C) 3	30,000.	0.			FEEDING CENTRAL IOWA CHILDREN
GIRL SCOUTS OF GREATER IOWA 10715 HICKMAN RD. DES MOINES, IA 50322-3798	42-0698218	501(C) 3	104,000.	0.			GIRL SCOUTS YOUTH DEVELOPMENT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES 5355 NW 86TH STREET JOHNSTON, IA 50131	42-0764469	501(C) 3	121,000.	0.			WORK EXPERIENCE PROGRAM
GRAND VIEW CHILD DEVELOPMENT CENTER - 3004 E 38TH STREET - DES MOINES, IA 50317	42-1425170	501(C) 3	5,964.	0.			CHILDCARD OPERATIONS
GREATER ALTOONA CAMPUS 1500 8TH ST SW ALTOONA, IA 50009-2319	42-1445489	501(C) 3	50,000.	0.			KIDS KLUB
GREATER DES MOINES HABITAT FOR HUMANITY INC - 2200 E EUCLID - DES MOINES, IA 50317	42-1275330	501(C) 3	80,000.	0.			SELF-HELP HOMEOWNERSHIP PROGRAMS, FINANCIAL FOUNDATIONS
GREATER DES MOINES PARTNERSHIP 700 LOCUST ST. STE 100 DES MOINES, IA 50309	42-1489668	501(C) 3	30,000.	0.			CAPITAL CROSSROADS
HAWTHORN HILL MINISTRIES 3001 GRAND AVE. STE. A DES MOINES, IA 50312-4206	42-1258470	501(C) 3	100,000.	0.			NEW DIRECTIONS SHELTER, EDUCATION AND EMPLOYMENT SPECIALIST, HOPE FOR STABLE FAMILIES
HIGHLAND PARK COMMUNITY CHURCH 4101 AMHERST STREET DES MOINES, IA 50313	81-0758404	501(C) 3	16,478.	0.			SUMMER ADVENTURE CAMP & MIDDLE SCHOOL STEM ADVENTURES
HISPANIC EDUCATIONAL RESOURCES 828 EAST SCOTT ST DES MOINES, IA 50309-5054	42-1222154	501(C) 3	79,075.	0.			CONMIGO EARLY LEARNING DIRECTOR SUPPORT, CONMIGO FAMILY DEVELOPMENT SPECIALIST, SCHOLARSHIPS
HOME INC. 1618 SIXTH AVENUE DES MOINES, IA 50314	42-0931497	501(C) 3	393,375.	0.			COMMUNITY HOUSING SERVICES & HOPE FOR STABLE FAMILIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOWA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN - 5525 MEREDITH DRIVE, SUITE F - DES MOINES, IA 50310	42-1135283	501(C) 3	539,798.	0.			TEACH, WAGES, EARLY CHILDHOOD QUALITY INITIATIVE
IOWA COMMUNITY CAPITAL 915 8TH STREET, SUITE 205 BOONE, IA 50036	42-1502371	501(C) 3	50,000.	0.			SOLIDARITY MICROFINANCE
IOWA JAG INC 1111 9TH STREET, SUITE 268 DES MOINES, IA 50314	42-1492988	501(C) 3	47,500.	0.			IJAG
IOWA LEGAL AID 1111 9TH ST STE. 230 DES MOINES, IA 50314-2517	42-1079227	501(C) 3	216,400.	0.			IOWA LEGAL AID CIVIL LEGAL ASSISTANCE
IOWA STATE UNIVERSITY FOUNDATION 2505 UNIVERSITY BLVD AMES, IA 50010-2230	42-1143702	501(C) 3	85,000.	0.			SCIENCE BOUND
ISISERETTES 1432 21ST ST. DES MOINES, IA 50311-3210	42-1495759	501(C) 3	32,000.	0.			ISISERETTES DRILL & DRUM CORPS
JOHNSTON PARTNERSHIP FOR A HEALTHY PO BOX 975 JOHNSTON, IA 50131	02-0576603	501(C) 3	25,000.	0.			JOHNSTON YOUTH MENTORING PROGRAM
LATINAS LATINOS AL EXITO INC PO BOX 93531 DES MOINES, IA 50393	27-0933503	501(C) 3	48,000.	0.			AL EXITO DES MOINES & PERRY, MOVIMIENTO
LINK ASSOCIATES 1452 29TH ST WEST DES MOINES, IA 50266	42-0815363	501(C) 3	77,047.	0.			LEISURE SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SERVICES IN IOWA 106 16TH ST SW WAVERLY, IA 50677-0848	42-0698267	501(C) 3	349,000.	0.			PARENTING INITIATIVE, REFUGEE CHILDCARE PROVIDERS, REFUGEE ELL & CAREER, GLOBAL GREENS,
NATIONAL ALLIANCE ON MENTAL ILLNESS OF GREATER DES MOINES - 511 EAST SIXTH STREET, STE. B - DES MOINES, IA 50309	42-1333379	501(C) 3	60,000.	0.			EDUCATION AND OUTREACH
NEW HORIZONS ACADEMY PO BOX 863 LAKE FOREST, IL 60045	20-1317670	501(C) 3	11,351.	0.			QUALITY RATE SYSTEMS
NEW OPPORTUNITIES, INC 23751 HWY 30 CARROLL, IA 51401	42-0923412	501(C) 3	28,150.	0.			DALLAS COUNTY FAMILY DEVELOPMENT CENTER, FOUR CORNERSTONES FINANCIAL EDUCATION
OAKRIDGE NEIGHBORHOOD SERVICES 1401 CENTER ST DES MOINES, IA 50314	42-1311721	501(C) 3	675,129.	0.			BEREAL ACADEMY, PROJECT OASIS, QUALITY EARLY LEARNING, FAMILY DEVELOPMENT, ADULT &
ONE IOWA 950 OFFICE PARK ROAD, SUITE 240 WEST DES MOINES, IA 50265	72-1613927	501(C) 3	42,000.	0.			REDUCING SOCIAL ISOLATION FOR LGBTQ IOWANS
ORCHARD PLACE 2116 GRAND AVE DES MOINES, IA 50312	42-1463736	501(C) 3	1,092,790.	0.			DIRECT CLINICAL SERVICES, PACE, SCHOOL BASED MENTAL HEALTH TRAINING, REACH FOR THE STARS
PERRY CHILD DEVELOPMENT CENTER 920 18TH ST PERRY, IA 50220	20-0546512	501(C) 3	26,032.	0.			QUALITY EARLY LEARNING SCHOLARSHIPS
PLEASE PASS THE LOVE PO BOX 1422 JOHNSTON, IA 50131	46-4492345	501(C) 3	24,000.	0.			SCHOOL-BASED MENTAL HEALTH OUTREACH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRELUDE BEHAVIORAL SERVICES 430 SOUTHGATE AVE. IOWA CITY, IA 52240	42-0946031	501(C) 3	35,730.	0.			BERNIE LORENZ RECOVERY CENTER
PRIMARY HEALTH CARE 9943 HICKMAN RD STE105 URBANDALE, IA 50322	42-1311646	501(C) 3	98,920.	0.			HEALTH CLINIC AT SCAVO, OUTREACH AND CASE MANAGEMENT, CENTRALIZED INTAKE
PROJECT IOWA 1420 MULBERRY DES MOINES, IA 50309	80-0731028	501(C) 3	50,000.	0.			PROJECT IOWA PROGRAMMING
PURSUIT OF INNOVATION 4300 BEAVER AVE DES MOINES, IA 50310	47-1895137	501(C) 3	20,000.	0.			PI 515
ST. VINCENT DEPAUL SOCIETY 1432 6TH AVE. DES MOINES, IA 50314	42-6021808	501(C) 3	17,500.	0.			EDUCATION CENTER SERVICES
THE DIRECTORS COUNCIL 501 GRAND AVE DES MOINES, IA 50309	42-1524040	501(C) 3	25,000.	0.			ONE ECONOMY
THE HELPING HAND PO BOX 45 INDIANOLA, IA 50125	42-1187262	501(C) 3	15,000.	0.			FOOD PANTRY
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS INC - 1200 UNIVERSITY AVE, STE 205 - DES MOINES, IA 50314	13-1878704	501(C) 3	77,000.	0.			REFUGEE MENTAL HEALTH PROGRAM
URBAN DREAMS 601 FOREST AVENUE DES MOINES, IA 50314-2828	42-1225264	501(C) 3	50,000.	0.			COMMUNITY ENGAGEMENT/CONNECTIVITY INITIATIVE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBANDALE COMMUNITY SCHOOLS 11152 AURORA AVE URBANDALE, IA 50322	42-6039212		5,000.	0.			READING CAMP
VISION TO LEARN 11611 SAN VICENTE BLVD., SUITE 500 LOS ANGELES, CA 90049-6505	45-3457853	501(C) 3	60,000.	0.			VISION TO LEARN
WELIFT 106 EAST 2ND AVE INDIANOLA, IA 50125	42-0703232	501(C) 3	50,000.	0.			WORKFORCE PROGRAM
WESLEYLIFE HOME CARE 944 18TH ST. DES MOINES, IA 50311-0501	20-3970256	501(C) 3	200,000.	0.			MEALS ON WHEELS, WESLEY HOME CARE AIDE
WILLKIE HOUSE 900 17TH ST. DES MOINES, IA 50314-1187	42-0680433	501(C) 3	182,000.	0.			AFTER-SCHOOL PROGRAM AND SUMMER DAY CAMP
YMCA OF GREATER DES MOINES 501 GRAND AVE DES MOINES, IA 50309	42-0680438	501(C) 3	351,500.	0.			YMCA OUT OF SCHOOL TIME, YMCA SUPPORTIVE HOUSING
YOUNG WOMENS RESOURCE CENTER 818 5TH AVE DES MOINES, IA 50309-1307	51-0186073	501(C) 3	347,716.	0.			PERINATAL SERVICES, YWRC ADOLESCENT PREGNANCY PREVENTION ON
YOUTH AND SHELTER SERVICES 420 KELLOGG AVE AMES, IA 50010	42-1051609	501(C) 3	252,000.	0.			IOWA HOMELESS YOUTH CENTERS PROGRAMS, TEENS AGAINST HUMAN TRAFFICKING
YOUTH EMERGENCY SERVICES & SHELTER 918 S.E. 11TH ST. DES MOINES, IA 50309-5324	23-7442304	501(C) 3	400,000.	0.			EMERGENCY SERVICES FOR NONSYSTEM YOUTH

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH LAW CENTER 300 WALNUT ST. STE. 295 DES MOINES, IA 50309-4026	42-1085654	501(C) 3	325,000.	0.			MULTI-DISCIPLINARY LEGAL REPRESENTATION
YOUTH POLICY INSTITUTE OF IOWA 6200 AURORA AVE STE 206E DES MOINES, IA 50322	42-1509945	501(C) 3	50,000.	0.			OPPORTUNITY PASSPORT, OPTIONS FOR POSTSECONDARY TRANSITION

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RETIRED SENIOR VOLUNTEER PROGRAM - TRAVEL	43	9,028.	0.		
LEGAL ASSESSMENT & FEES	128	28,620.	0.		
TUITION, FEES, & SUPPLIES	308	520,290.	0.		
WAGES & STIPENDS	135	33,368.	0.		
SUPPORTIVE SERVICES	2325	128,924.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EACH AGENCY THAT RECEIVES A GRANT FROM THE ORGANIZATION IS REQUIRED TO
SUBMIT FINANCIAL INFORMATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CAMP FIRE USA

(H) PURPOSE OF GRANT OR ASSISTANCE: CAMP FIRE YOUTH DEVELOPMENT

PROGRAMS, COMMUNITY CENTER PROGRAMS, NAVIGATOR PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL PARK EARLY LEARNING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CAP PARK EARLY LEARNING DIRECTOR SUPPORT, CAP PARK EC QUALITY ASSURANCE COORD, CAP PARK SHARED SERVICES, SCHOLARSHIPS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

(H) PURPOSE OF GRANT OR ASSISTANCE: CATHOLIC CHARITIES COUNSELING PROGRAM, REFUGEE COOPERATIVE PROGRAM, AND ST. JOSEPH'S EMERGENCY FAMILY SHELTER

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN AND FAMILIES OF IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: COUNSELING SERVICES, QUALITY EARLY LEARNING CENTER & THERAPEUTIC SUPPORT, TEDDY BEAR TOWN, TELEBEHAVIORAL HEALTH SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: DES MOINES INDEPENDENT SCHOOL DISTR

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SCHOOLS & FAMILY SUPPORT SERVICES, COMMUNITY SUPPORT LIAISONS, KEYS TO SUCCESS, RUNDSM, EARLY LEADERSHIP INNITIATIVE, LICENSED SOCIAL WORKER, FLEX ACADEMY, SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT: EVERYSTEP

(H) PURPOSE OF GRANT OR ASSISTANCE: 5-2-1-0 LET'S GO, COMMUNITY HOME VISITING, CHILD CARE NURSE CONSULTANTS, LITERACY SPECIALIST, DEVELOPMENTAL SCREENINGS, AND NURSE FAMILY CONNECTIONS

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SERVICES IN IOWA

(H) PURPOSE OF GRANT OR ASSISTANCE: PARENTING INITIATIVE, REFUGEE

Part IV Supplemental Information

CHILDCARE PROVIDERS, REFUGEE ELL & CAREER, GLOBAL GREENS, REFUGEE ELDER SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: OAKRIDGE NEIGHBORHOOD SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: BEREAL ACADEMY, PROJECT OASIS, QUALITY EARLY LEARNING, FAMILY DEVELOPMENT, ADULT & FAMILY RESOURCES, SCHOLARSHIPS, HOPE FOR STABLE FAMILIES

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL IOWA

Employer identification number

42-0680425

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARAH ROY CHIEF OPERATING OFFICER	(i)	190,007.	0.	0.	7,840.	9,387.	207,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELISABETH BUCK PRESIDENT/CORP. SECRETARY	(i)	226,983.	0.	0.	0.	1,010.	227,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART II, SECTION (C), RETIREMENT AND OTHER DEFERRED COMPENSATION:

THE AMOUNT IDENTIFIED AS RETIREMENT AND DEFERRED COMPENSATION CONSIST OF THE AMOUNT OF THE ORGANIZATION'S CONTRIBUTIONS TO THE QUALIFIED RETIREMENT PLAN (401(K)) SPONSORED BY THE ORGANIZATION. THIS PLAN IS AVAILABLE TO ALL EMPLOYEES OF THE ORGANIZATION WHO HAVE MET CRITERIA AS SET OUT IN THE APPLICABLE PLAN DOCUMENT.

PART II, SECTION (D), NONTAXABLE BENEFITS: THE AMOUNTS IDENTIFIED AS NONTAXABLE BENEFITS REPRESENT EMPLOYER PAYMENTS FOR HEALTH BENEFIT PLAN PREMIUMS AND FLEXIBLE SPENDING PROGRAMS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF CENTRAL IOWA** Employer identification number **42-0680425**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	44	475,727.	FMV DONATED SECURITI
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OFFICE FURNIT)	X	1	123,016.	FMV
26 Other ▶ (SKYBOX TICKET)	X	1	25,000.	FMV
27 Other ▶ (FOOD)	X	1	15,000.	FMV
28 Other ▶ (HYGIENE KITS)	X	1	3,000.	FMV

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL IOWA

Employer identification number

42-0680425

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WAY READ TO SUCCEED PROGRAMS - A KEY TO BUILDING READING SKILLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

JOBS WITH NEARLY 70% OF THE INDIVIDUALS REPRESENTING MINORITY
POPULATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

UNITED WAY COMMUNITY IMPACT SERVICES: UNITED WAY FUNDS 2-1-1, A
TELEPHONE HELPLINE, PROVIDING INFORMATION AND REFERRALS FOR PEOPLE
NEEDING HUMAN SERVICES. THE VOLUNTEER ENGAGEMENT PROGRAM MOBILIZES
VOLUNTEERS ALIGNED WITH GOALS FOR 2020 IN EDUCATION, INCOME AND HEALTH.
COMMUNITY IMPACT SERVICES STAFF RESEARCH COMMUNITY CONDITIONS AND
MEASURES PROGRESS OF UNITED WAY INVESTMENTS TO REACH GOALS FOR 2020.
COMMUNITY IMPACT SERVICES ALSO OVERSEES A VOLUNTEER, CITIZEN-LED
ACCOUNTABILITY PROCESS OF UNITED WAY-SUPPORTED PROGRAMS IN PARTNER
ORGANIZATIONS. \$6,081,050 OF DONOR DESIGNATIONS ARE INCLUDED IN THE
TOTAL EXPENSES.

EXPENSES \$ 10,521,493. INCL GRANTS OF \$ 5,270,395. REVENUE \$ 269,511.

FORM 990, PART VI, SECTION A, LINE 2:

B. CUSHING, D. COFFIN, & A. FRANKLIN HAVE A BUSINESS RELATIONSHIP.

B. CUSHING & G. NEUGENT HAVE A BUSINESS RELATIONSHIP.

B. CUSHING & M. FRIEDMAN HAVE A BUSINESS RELATIONSHIP.

C. HOLMES & N. EVERETT HAVE A BUSINESS RELATIONSHIP.

Name of the organization UNITED WAY OF CENTRAL IOWA	Employer identification number 42-0680425
--	--

FORM 990, PART VI, SECTION B, LINE 11B:

THE APPROVAL OF FORM 990 IS DELEGATED BY THE EXECUTIVE COMMITTEE TO THE FINANCE/AUDIT COMMITTEE OF UNITED WAY. THE FINANCE/AUDIT COMMITTEE, WITH THE TAX PREPARERS, REVIEWS AND APPROVES THE FORM 990 ON BEHALF OF THE BOARD. UPON COMMITTEE APPROVAL AND PRIOR TO FILING, THE FORM 990 IS DELIVERED TO THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS INCLUDED IN THE ORGANIZATION'S CODE OF ETHICS AND BOARD MEMBERS, OFFICERS, AND STAFF ARE REQUIRED TO AFFIRM COMPLIANCE ANNUALLY. THIS PROCESS IS MANAGED BY THE CEO AND / OR COO OF UNITED WAY AND REPORTS ARE MADE TO AN OFFICER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

CEO AND OFFICER COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS, UPON REVIEW OF INDEPENDENT MARKET DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. COMPENSATION DECISIONS ARE DOCUMENTED IN THE ORGANIZATION'S BOOKS AND RECORDS. COMPENSATION REVIEW IS CONDUCTED BY THE BOARD ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE UNITED WAY OF CENTRAL IOWA'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN COMMUNITY

Name of the organization UNITED WAY OF CENTRAL IOWA	Employer identification number 42-0680425
--	--

FOUNDATION	257,305.
ROUNDING	1.
TOTAL TO FORM 990, PART XI, LINE 9	257,306.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION'S FINANCE/AUDIT COMMITTEE HAS PRIMARY RESPONSIBILITY FOR THE AUDIT REVIEW AND SELECTION OF THE INDEPENDENT ACCOUNTANT. THE FINANCE/AUDIT AND EXECUTIVE COMMITTEES, ALONG WITH THE BOARD OF DIRECTORS, MEET TO REVIEW AND DISCUSS THE INDEPENDENT AUDITOR'S REPORT WITH THE AUDITORS. THE REPORT IS APPROVED AT THE BOARD MEETING BEFORE ISSUANCE.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF CENTRAL IOWA	Employer identification number (EIN) or 42-0680425
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1111 9TH STREET, SUITE 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DES MOINES, IA 50314-2500	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SARAH ROY, CHIEF OPERATING OFFICER

- The books are in the care of ▶ **1111 9TH STREET, SUITE 100 - DES MOINES, IA 50314**
Telephone No. ▶ **515-246-6500** Fax No. ▶ **515-246-6522**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.